

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 280 Primary Registration District No. 5966 Registrar's No. 65

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10830

25117

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 20 1963

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waldron</u>		c. CITY OR TOWN <u>St Joseph Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) Hwy # 45 Waldron Rd.		d. STREET ADDRESS (If outside, give location) <u>19th and Frederick</u>	

3. NAME OF DECEASED (Type or print) <u>Theodore Edward Sparks</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>10</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 6-1923</u>	9. AGE (last birthday) <u>40</u>	10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automobile Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		11. BIRTHPLACE (City and state or country) <u>Brunswick Mo</u>	

12. CITIZEN OF WHAT COUNTRY		13. MOTHER'S MAIDEN NAME <u>Akka Burkhardt</u>		14. NAME OF DECEASED OR WIFE <u>Vera Michaelis Sparks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>WW II US Army</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Vera Sparks</u> Address <u>1825 Calhoun St Joe Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BROKEN NECK AND MULTIPLE INTERNAL INJURIES</u> DUE TO (b) <u>AUTO ACCIDENT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INST.</u>	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>ACCIDENT</u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	20f. CITY, TOWN, OR LOCATION <u>WALDRON TWP. PLATTE MO.</u>
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21. I attended the deceased from to and last saw her alive on .
Death occurred at APPROX. 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Roland M. Gifford, Coroner</u>	22b. ADDRESS <u>Platte City, Mo.</u>	22c. DATE SIGNED <u>11-10-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov. 11-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u>
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24. FUNERAL DIRECTOR <u>Meihofer Fleeman</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 11, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Opelia Rollins</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

NOV 26 1963

NOV 27 1963

MAR 24 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.